
March 1993

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Clinical Center News

Your Own Blood is the Safest

By Sue Kendall

You're scheduled for an operation. You know you're going to need some blood during surgery, but you're concerned about the risks of blood transfusion. Can you donate your own blood? According to Dr. Harvey G. Klein, chief of the Department of Transfusion Medicine, you not only can, but you should, whenever circumstances permit.

At a recent Clinical Center Grand Rounds, Klein explained that despite the fact that volunteer donor (allogeneic) blood is safer

than ever, thanks to rigorous screening for infectious agents, problems still lurk that can be avoided by using self-donated (autologous) blood. Even though each unit of blood currently undergoes seven tests, unknown pathogens could still creep into the blood supply and go undetected. The human immunodeficiency virus (HIV), which causes AIDS, is an example of how this has occurred in the past. Another problem is that HIV, hepatitis, and other viruses have a "window period" in which the donor can be infectious but go undetected even by the best screening tests, Klein

explained. Because of this window, viral hepatitis remains a potentially serious complication of blood transfusion, with approximately 1 in every 3,000 units of blood transmitting the virus, despite all precautions.

In the last 15 years, however, screening blood has reduced the risk per unit of blood transfused by up to 99 percent for most transfusion-transmitted diseases (TTDs), says Klein. For example, if blood today were not being screened for HIV, we could expect over 70,000 new infections this year from transfusions alone.

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Smoking to be Further Restricted at Clinical Center

If you've ever considered quitting smoking, now would be a pretty good time to do so. Effective April 15, all smoking in the immediate vicinity of the CC will be restricted to the sun deck, located outside the NIH Library near Masur Auditorium. The sun deck has recently been made handicap-accessible. Employees,

patients, and their families may no longer smoke at or around any entrance, including any garage level, any patio area, the front door, or outside B1 cafeteria. Signs will be posted as reminders.

"This decision is in response to numerous complaints about the odor and litter generated by smoking near entrances to the

CC," says Ray Becich, CC executive officer. "It is also in keeping with NIH's smoke-free policy, initiated in 1987." Says Dr. Jack Kalberer, Office of Disease Prevention, OD, "While these policies may seem inconvenient or unfair to smokers, bear in mind that smoking goes against what

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Women Volunteers Needed

The National Institute of Dental Research is seeking female volunteers, age 30 to 70, for a study of normal salivary glands. Volunteers must be healthy and must not be taking any medication.

The study involves a minimum of two outpatient visits and two Clinical Center overnight stays. Procedures include nuclear medicine tests, blood drawing, and urine collection. Volunteers will be compensated. To learn more, contact Alice at 496-4371. ■

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NIH and the Clinical Center represent, which is maintenance and restoration of health."

Any employee who needs help quitting smoking may take a course offered through the NIH Training Center. "Break the Smoking Habit" consists of six weekly sessions of about two hours each. Before the course, there is an orientation where participants meet the instructor, learn more about the program, and receive a schedule of weekly meetings. You can register after you know all the facts. The next course begins in May. For information, call 496-6211, or pick up the bright-pink brochure entitled "Professional Development, Supervisory, and Management Training," found in information displays around the CC. ■

PEF Auction Scheduled for April 30

All NIH employees are invited to attend the ninth annual auction to benefit the Patient Emergency Fund (PEF) at the Clinical Center. The PEF helps patients and their families with financial emergencies.

Sponsored by the Recreation and Welfare Association (R&W), this year's auction will be held from 11 a.m. to 2 p.m. in the Visitor Information Center on the first floor of the Clinical Center.

The PEF Auction, which netted more than \$16,000 last year, features many items such as great-escape weekends, fantastic food, including fresh-baked desserts, tickets to the Kennedy Center, Kings Dominion, Busch Gardens, Orioles games and more.

Since donations are currently being collected for the auction, now is the time to search your closets and attics for items in new or working condition that no longer suit your needs. Examples of past donations include craft items, household wares, gift certificates to local retail stores, services, and baked goods. Many departments and offices are encouraged again to make a group donation.

For more information, contact Ruth Stragner in the R&W office, 496-6061. Donations can be dropped off at any R&W location. ■

Marrow Donor Program Recruits 41

Forty-one African Americans signed onto the National Marrow Donor Registry as a direct result of the Feb. 17 recruitment program held in Masur Auditorium (see Feb. 1993 *CC News*).

"That might not sound like a large number, but we were very gratified with the response," says Joy Demas of the NIH Marrow Donor Program.

If you missed the program but would like to sign onto the registry, it's never too late. Simply call 496-0572 to speak with a specialist who can answer any questions you may have or schedule an appointment for you. You may be someone's "miracle match." ■

CC News

Editor: Susan P. Kendall

Clinical Center News is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters, and photographs are encouraged and can be submitted to Bldg. 10, room 1C255, or by calling 496-2563. You may also contact your department's *CC News* liaison.

Deadline for submission is the second Monday of each month. If possible, submit your article on a Macintosh disk (Microsoft Word preferred).

A Message from the Acting Director

“We All Have Something to Give”

The new Secretary of Health and Human Services, Donna E. Shalala, greeted HHS employees with a speech on Jan. 28 that was broadcast to all NIH employees.

Her remarks were encouraging and heartening to all NIH personnel as she discussed the importance of our mission and our value as HHS employees. However, as a Clinical Center employee, I found her words not only encouraging, but also very familiar.

She stated: “In 1993—the dawn of a new era at HHS—everyone’s work matters. We all have something to give. *All work done well will contribute to the larger mission of the Department*—and to the future of our country.

“Because HHS is a large agency, we have to work together and develop strong lines of communication. *One of my goals is to empower civil servants to take even greater responsibility in the Department.* I want all of you to grow and prosper in your careers and I welcome your input. To succeed, we need to have effective two-way communication.

“We also need all employees to make a total commitment to workplace excellence. I have high expectations for the caliber of the services that we provide our customers. We must never become smug and satisfied that we’re doing the best we can. Never. Instead, our motto has to be, ‘We can always improve.’”

Those of us trained in total quality management recognize the language and the message contained in Dr. Shalala’s remarks. We should all feel very proud that we already have a foot up in this philosophy. We know that we are already on board with the new Secretary — that we speak the same language.

We should be even more proud of what we have accomplished in the past two years. We have all learned a new way of performing our jobs, and we are changing the way we do business. We are not only improving the work of the Clinical Center, but we are also part of a larger team as we work to improve HHS.

I’m pleased with the successes we’ve achieved so far with Quality Together, and I urge you to continue these good works as we join with the Department to expand our initiatives in excellence.



Saul Rosen, Ph.D., M.D.

It’s Working!

In case you hadn’t noticed, the NIH Federal Credit Union’s MOST automatic teller machine outside the second-floor cafeteria is working again.

Sexual Harrassment Training Offered

The Educational Services Office will sponsor sexual harrassment training during April. The courses help employees learn the legal basis of sexual harrassment, the difference between friendly behavior and subtle sexual harrassment, and the methods for resolving this problem. If you are interested, you may register by calling 496-1618.

Sexual Harrassment Training for Managers and Supervisors

Tuesday, April 20, 1993

10:30 a.m. - 12:30 p.m.

10/2C116 (Medical Board Room)

Sexual Harrassment Training for Support Staff

Friday, April 23, 1993

10:30 a.m. - 12:30 p.m.

10/2C116 (Medical Board Room)

CC Directory Model Installed

A model of the new Clinical Center Directory has been installed next to the clinic elevators on the first floor. Plans call for two multi-paneled directories to be located on the first level of the CC.

We welcome feedback on the model, especially from patients and other visitors. Please direct any comments or suggestions to Ann Ellis, at 496-8113. ■

Dr. Harvey G. Klein Wins Award

Dr. Harvey G. Klein, chief of the Department of Transfusion Medicine (DTM), is the 1993 recipient of the John B. Alsever Award, bestowed by Blood Systems, Inc. (BSI). On April 1 at the BSI medical directors meeting in Scottsdale, AZ, Klein will present a lecture on the role of therapeutic hemapheresis in contemporary medical practice.

The Alsever Award recognizes a medical researcher with personal and professional attributes in the tradition of Dr. Alsever, who pioneered blood-storage techniques and blood-banking methods. Established ten years ago, the award has gone to only one other recipient, Dr. Harvey Alter, also of DTM. ■

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However, with over 18 million units of blood transfused annually, only 100-400 HIV infections will result. Isn't this instance still too high, you ask? If you get one of those units, yes. "Until we can sterilize cellular blood components, there will always be a risk" from infectious agents, Klein says. Other countries face an even greater problem with many other TTDs, such as malaria, that are rare in the United States.

Another problem is that despite all precautions, patients who receive allogeneic blood seem to develop more clinical

problems after surgery than do patients who receive autologous blood. "If one looks at the few studies that have autologous blood as a control," Klein explains, "the patients who received allogeneic blood had a statistically higher number of postoperative infections than those who received their own blood." Patients who have cancer surgery fare less well if they receive allogeneic blood. Other complications of blood transfusion include fever, chills, urticaria (hives), mild to fatal antibody reactions caused by incompatible blood and reactivation of latent viruses in the transfusion recipient. "The bottom line" he says, "is that you should limit exposure to allogeneic blood" by using autologous blood whenever possible.

That being the case, who can safely self-donate? Since the amount of blood one person can donate is limited by time to surgery, gender, and medical condition, the best candidates are those contemplating elective surgery, such as hip replacement or coronary artery bypass grafting. Some mandatory operations can be scheduled far enough in advance to allow adequate blood donation if the patient's health permits. If predonation is not possible, another method of autologous blood use is to salvage blood lost during surgery and reinfuse it. Patients who need blood after surgery must usually rely on allogeneic blood, but the physician should prescribe it prudently. Says Klein, "There is no single measure that can replace good clinical judgement, and no laboratory test that can tell you when to transfuse your patient."

Unfortunately, even well-planned autologous donations do

Greetings from the Blood Donor Center

In February the Blood Donor Center held its annual luncheon for the volunteers who assist us in Donor Resources. This is a small token of our appreciation for their commitment to the Department of Transfusion Medicine.

Donor Appreciation Day will be held on Friday, May 21, from 11 a.m. to 2 p.m. This is our way of expressing thanks for your commitment over the past year to the Blood Donor Center. Please mark your calendar and celebrate the festivities with us.

For more information on Donor Appreciation Day or to schedule an appointment to donate blood, call 496-1048. We are located in building 10, room 1N146. We are open Monday through Friday, 7:30 a.m. to 3:30 p.m., except Tuesdays, when we close at 12:30 p.m. ■

not always meet the surgical needs of many patients, and some allogeneic blood must be used. Current research is investigating a way to enable patients to predonate larger volumes of blood by mimicking the body's own blood-making machinery. The technique is to use iron in tandem with recombinant human erythropoietin, a hormone that stimulates red cell production, thus preventing anemia from frequent

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New Chief of Spiritual Ministry Joins CC

The Clinical Center welcomes the Rev. Dr. Ray Fitzgerald as new chief of the Spiritual Ministry Department. Fitzgerald is no stranger to the CC. In 1968, he trained in the Clinical Pastoral Education (CPE) program here, which provides practical experience for seminary students, pastors, and selected laypersons. More than two decades later, he returns with a wealth of professional experience that blends theology, education, and health care into a patient-oriented ministry.

Fitzgerald joins the CC after seven and a half years as director of CPE and pastoral counseling training with the Methodist Health Systems in Memphis, TN. Before that, he was with the University of Kentucky Medical Center in Lexington. He was responsible for its CPE program, which encompassed such subjects as religion and health; holistic health care; and stress management. He has taught stress management at the University of Texas-M.D. Anderson Cancer Center, in Houston, and served as adjunct professor of pastoral theology at the Memphis Theological Seminary.

The new chief holds two doctorates: one in pastoral theology from Boston University (1969), and one in counseling psychology from American University (1978), where he studied the spiritual needs of open-heart-surgery patients.

A slogan on Fitzgerald's business card summarizes his approach to his work: "Spiritual care for the whole person." The CC's environment, he thinks, complements this philosophy.



Dr. Ray Fitzgerald confers with staff chaplain Alice Marie Stone on his new responsibilities as chief of the Spiritual Ministry Department.

"The friendliness of the staff and desire to keep the central focus on the patient impresses me," he explains. "We are here to provide a service to the patients—but they give a lot to us."

As department head, Fitzgerald will coordinate Catholic, Jewish, Moslem, and

Protestant services in the 14th Floor Chapel and will minister to patients in clinical areas. He says he looks forward to his role as pastor to patients from all over the world—people who are often far away from home. "I have my work cut out for me," he says. ■

Telephone Service Enhanced

March 26 marks NIH's cutover to an upgraded telecommunications system called a "digital switch," which will allow users to add advanced services, such as voice mail, to their telephones.

Effective the morning of March 27, five-digit dialing will replace the current seven-digit dialing for NIH exchanges 496, 402, and 480. A new 594 exchange will be assigned to the Westwood Building. To call a 496 number, for example, just dial 6 and the last four digits.

NIH is the first location to go on the switch. The rest of PHS will be cut over in August. Until then, it will be necessary to dial 9 plus the seven-digit number to reach PHS staff on the 443 exchange. After the August switchover, five-digit dialing will apply.

The Telecommunications Branch recently sent out a flier detailing all the changes in the phone system. Your department should have gotten one, but if you have questions, call 496-5674. ■

Ask Your Physical Therapist

By Jessie Whitehurst

Q: My sister is an avid walker. Recently, to give herself a better aerobic workout, she has been wearing 5-pound weights on each ankle while walking. Will this really give her a better workout or will she end up doing damage to her legs?

A: Wearing weights on both feet is likely to increase your sister's energy expenditure and may even help to build up the muscles in her legs. However, it may also potentially cause undue stress on her knees, ankles, and even hips, not to mention causing awkwardness while walking. If she is truly interested in increasing her aerobic workout, I would recommend that she hold weights in her hands and swing her arms somewhat vigorously back and forth while walking. This will increase her energy expenditure, increase her heart rate, and potentially improve her aerobic capacity without causing undue stress to her legs. If she does decide to try this, I would suggest that she start with small weights (1 to 2 pounds) and build up the weight gradually.

Q: Do I need more water when I am exercising?

A: Water, water, water. Drinking too much is almost impossible, whether you are exercising or not. I would recommend, therefore, to drink as much water as possible. Before exercising, drink at least 2 cups (16 ounces) of water. During exercise, ideally you should drink a cup (8 ounces) of water every 20 minutes. Keep in mind that you

may be perspiring several times more than this, so you will still have a water deficit. After exercising, drink to quench your thirst, plus more. You may not be thirsty, but your body may still need more fluid. Drinking water is even more essential in the heat.

Q: My mother-in-law would like to know if workout machines at her gym could potentially cause injury if she is not sure how to use the equipment.

A: Yes, it is possible to cause musculoskeletal damage if gym equipment is not used properly (e.g., using too much weight, positioning your body incorrectly on the equipment, or performing the exercise too quickly). Tell your mother-in-law that she should not use any gym equipment that has not been thoroughly demonstrated to her. A good gym will instruct each of its patrons on the proper use of each piece of equipment and make very sure the client understands. If your mother-in-law has questions about a piece of equipment, she should ask one of the gym's employees to help her. After all, belonging to a gym can be very expensive, and this service should be readily available. If it is not, I would recommend changing gyms.

Q: My shoulder hurts when I exercise, especially if I lift my arm over my head. The pain seems to ease between workouts but begins again when I start to exercise my arms. What could be causing this pain, and what should I do about it?

Women's History Month Observance March 16

On March 16, the Advisory Committee for Women, through the Federal Women's Program of the Office of Equal Opportunity, will sponsor a Women's History Month Program for all NIH employees.

The theme is "Discover New Worlds: Women's History," and will highlight the history, courage, and the many accomplishments women have made to this nation.

The program will be held in Masur Auditorium from 11:30 a.m. to 1 p.m. Dr. Ruth Kirschstein, director of the National Institute of General Medical Sciences, is the keynote speaker. She is joined by Ms. Meikil Berry, a freelance writer, storyteller, poet, and award-winning playwright, who will read poetry selections. The Heart of Maryland Chorus of Sweet Adelines will provide musical entertainment. ■

A:* It sounds as if you may have a common overuse injury of the shoulder. Shoulder tendonitis and/or bursitis results from repetitive use of the arms in an overhead position. The pain may begin at the tip of the shoulder, move down into the deltoid area, and occur whenever the arm is lifted overhead or twisted. It may increase when you are lifting weights, swimming, doing aerobic jumping jacks, throwing a baseball, or serving a tennis ball.

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Radiology Retirements

Anna Scheib of the Diagnostic Radiology Department was honored by friends and co-workers at a festive retirement party last month. Scheib's government career spanned 23 years, on and off. "I loved NIH and the Clinical Center," she says.

In the 1950s, she worked in a typing pool in the division of research grants. She then came to the Clinical Center as a ward clerk. She later worked for Mr. Stanley Hirsch, of the National Institute of Mental Health.

Fourteen years ago, she joined Radiology as an editorial assistant, but performed many secretarial duties as well. Reflecting on her time there, she says, "The radiology staff is wonderful. It was a great 14 years."

Scheib says she is enjoying her retirement a great deal. "I wasn't sure if I would. I had mixed feelings about it." But she says has



Anna Scheib (l) and Ruth Malinosky at their February retirement party.

plenty to keep her occupied: "I hope to just enjoy my time off, and my children and grandchildren. That takes up the time!"

Two other radiology staff members also retired in February, Ruth Malinosky and Ella Laseinde. ■

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blood draws. Klein cited a placebo-controlled, randomized, multicenter trial that demonstrated this method's effectiveness: 41 percent more blood was collected from the group that got the erythropoietin than from the group that got placebo. Says Klein, "If you need to collect large volumes of blood, more than four units over three weeks, you can do so. [Erythropoietin] also allows you to collect the required number of units of blood from patients who are unable to donate blood because of low hematocrits or other factors." The Food and Drug Administration has not yet licensed erythropoietin for this use, so it is still considered experimental. ■

ASK PT continued from page 6

The pain should ease with rest, but may become chronic if you continue these activities. To relieve the pain, apply an ice pack to your shoulder for 15 minutes before and after your workout. Avoid overhead activities during your workout and at other times during the day. When your pain is gone and you return to your exercise program, ease into the shoulder activities slowly. Remember, too, that many other medical conditions may show up as shoulder pain, so if rest and ice do not banish your pain, you should see a doctor for further evaluation. ■

**Answer compliments of Lola Rosenbaum, PT, OCS.*

If you have a question, write to Jessie Whitehurst, building 10, room 6S235.

Theatre Group Auditions Scheduled

The National Institutes of Health Recreation and Welfare Theatre Group will hold auditions for "Social Security" on March 7 at 7:30 p.m. in Masur Auditorium and on March 9 at 7:30 p.m. in the 14th Floor Auditorium of the Clinical Center.

The play is a light comedy centering on the trials and tribulations of an elderly woman as she decides which of her two married daughters she should live with. Director Jim Robertson

needs two women and two men aged 30 and up, and one woman and one man aged late 50s and up.

The NIH R&W Theatre Group is an ensemble of NIH employees and other community members who each year present a musical revue and a dramatic production for the benefit of the NIH Patient Emergency Fund. The group also presents on-the-road productions. For information, call Jim Robertson at 301-589-4997. ■

Security Group Update

The QT Security Improvement Team continues to meet biweekly to identify security concerns in the Clinical Center and on campus.

As reported in the January issue of *CC News*, emergency telephones have been installed in garages and outlying parking lots. The group is investigating adding another such telephone along the walking route to the Metro station.

There will also be a "walking tour" to these telephones. Selected representatives will accompany a member of the security section, crime prevention branch, to the phones, where their proper use will be demonstrated. The representatives will be asked to convey this information to their departments. ■

Watch Your Valuables!

The crime prevention branch, division of security operations, reminds employees, patients, and other visitors to the Clinical Center to keep a close eye on their personal belongings. Women employees should lock up their purses or at least conceal them. Anyone who notices suspicious activity or unfamiliar people in their work area should call the NIH Police at 496-5685. ■

March Calendar of Events

- 1, **NIH Consensus Development Conference**
Masur Auditorium.
- 2, **Early Identification of Hearing Impairments.**
- 3 **Sponsored by NIDCD and OMAR.**

- 2 **Women's Health Seminar Series**
2 p.m. - 4 p.m.
Lipsett Amphitheater.
Gender Differences in Addictive Behaviors: Alcohol, Smoking, and Other Drugs. Sponsored by the Office of Research on Women's Health, NIH, in collaboration with the Advisory Committee on Women's Health Issues.

- 3 **Grand Rounds**
12 noon-1 p.m.
Lipsett Amphitheater.
Estrogens and Growth Factors in Uterine Biology and Pathobiology, John McLachlan, Ph.D., NIEHS; *The Hidden Liabilities of Cocaine*, Robert Post, M.D., NIMH.

- 10 **Grand Rounds**
12 noon-1 p.m.
Lipsett Amphitheater.
The Professor in Action: Richard Kopelman, M.D., Tufts New England Medical Center, challenges Paul Plotz, M.D., NIAMS, *To Decode Cryptic Clinical Cases.*

- 17 **Grand Rounds**
12 noon-1 p.m.
Lipsett Amphitheater.
Familial Hypercholesterolemia: What the Zebra Can Teach Us About the Horse, Jeffrey Hoeg, M.D., NHLBI; *Antiviral Treatment of Hepatitis B*, Stephen Straus, M.D., NIAID.

- 24 **Grand Rounds**
12 noon-1 p.m.
Lipsett Amphitheater.
Current Treatment Approaches in Colorectal Cancer, Jean Grem, M.D., NCI; *Clinical Center Alum Presentation: Sight Without Glasses*, Herbert Kaufman, M.D., Louisiana State University Eye Center.

- 31 **Clinical Staff Conference**
12 noon-1:30 p.m.
Lipsett Amphitheater.
Neuropathic Pain: New Insights into Mechanisms and Treatment, Ronald Dubner, D.D.S., Ph.D., NIDR.